Your Care at Home After Facial Reconstruction After Mohs Surgery

There are many treatment options to repair the wound from your Mohs surgery. The choice of treatment depends on the size, depth and location of the wound. Repair options include skin grafts, local skin flaps, and interpolated (pedicled) flaps. Also, your surgeon may suggest adding a piece of cartilage to support your nose.

Your surgeon will discuss all the options with you at your consult. You can read more about those options in this handout. Our goal is to give you the best outcome we can. We want to make sure it functions well and looks good. Your surgeon will decide which treatment method to use on the day of your surgery.

For some wounds, you may not need this type of surgery and your Mohs wound will heal over time, on its own. For some small wounds, we may be able to close the wound simply with stitches.

What are my treatment options?
Below are the most common options after Mohs surgery on the face. If you are having a Full Thickness Skin Graft or a Local Skin Flap, these are often done in one surgery.

**Full Thickness Skin Graft (FTSG):** We take skin from another part of the body such as the skin in front of your ear, behind your ear, or your neck above the collar bone. The “donor” skin is used to close the Mohs wound. You will have an incision at the site where the donor skin was taken from, usually a straight line, with sutures.

The image shows some locations where your surgeon may take a full thickness skin graft from (donor site). You will have stitches here that will dissolve.
**Local Skin Flap:** Skin next to the Mohs wound is moved to cover the defect. Local flaps are a great option as the skin of the flap is very much alike in color and thickness. We can move the skin in one direction or we can rotate it into the defect. There are some special shapes such as the rhomboid and bilobed local flaps that we use to move the skin flap. We can also place a piece of cartilage under the local flap to support your nose. The figure below shows the bilobed local skin flap for a Mohs wound on the nose.

**Interpolated (Pedicled) Flap:** If your Mohs wound is larger, you may need to have a two-step “staged” procedure with a paramedian or melolabial flap. This is like a local flap, except tissue is taken from slightly more distant area such as the forehead or cheek. In the first stage, this flap is left attached to its original blood supply. The blood vessels that connect to it are called a pedicle. A second surgery is required to divide the pedicle in the operating room, often about 3-4 weeks later.
**Paramedian Forehead Flap: First Stage**

Your surgeon will take a piece of skin from your forehead just off the center, (paramedian) and move it down to cover the open area on your nose. Your surgeon may also use cartilage to support or rebuild the shape of your nose. We may remove more skin from your nose to prepare the nose.

- Forehead flap planned out by surgeon and the nose is prepared.
- Flap of tissue brought down from forehead on a pedicle to cover nasal defect.

- Forehead and nose incision are closed with stitches. The pedicle is left in place for 3-4 weeks. A gauze dressing may be placed around the pedicle.
**Paramedian Forehead Flap: Second Stage**
After the blood supply has been established to the nose, you will have a second surgery. Your surgeon will “divide” the pedicle, recreate the inner eyebrow and refine the shape of your nose. You may need a third stage later to reshape more.

![Forehead and nose stitches have been removed. Blood supply is established to nose.](image)

![Pedicle is “divided and inset” and nose shape refined.](image)

**Melolabial Cheek Flap: First Stage**
Your surgeon will take a piece of skin from your cheek (melolabial) and move it to cover the open wound on your nose, often around the nostril. We also may need cartilage to support or rebuild the shape of your nose.

![Cancer has been removed by Mohs surgeon.](image)

![Your surgeon plans the melolabial cheek flap and uses ear cartilage if needed to support the nose structure.](image)

![You will have stiches at the crease of your cheek and around your nose and a yellow dressing around the pedicle of tissue.](image)
**Melolabial Cheek Flap: Second Stage**
About 3-4 weeks after the first stage, you will have a second surgery. Your surgeon will “divide” the pedicle and refine the shape of your nose.

![Flap divided and inset](image)

**Cartilage Graft:** Often with a skin flap, we use a cartilage graft to support your nose if you have trouble breathing. We can take cartilage from three places in the body: the nose itself, the ear, or in some cases the ribs. The figure shows cartilage taken from the ear for support in the nose.
You will have an incision(s) with stitches in place. You will have a follow up visit about 1 week after surgery for stitches to be removed (if they can be removed). Keep your incision(s) dry for 2 days after surgery.

After two days you may let water run over the incisions and gently pat dry. Wash gently with warm soapy water twice a day. Apply a thin coat of Vaseline ointment* to your incision(s) using a cotton swab 2-3 times/day until your follow up visit. Cover your wound with a clean bandage or leave it open to air. Do not soak or scrub the incisions. You may shower 2 days after surgery.

*Do not use antibiotic ointment as it may hard the skin for some patients. Use Vaseline ointment instead.

If you have an incision on your ear: Use a cotton swab to wash it gently with soap and water. You may gently clean off any dry blood. Rinse it gently with water. Apply a thin coat of Vaseline ointment* to the ear incision 2-3 times daily for 1 week. There may be gauze sewn to your ear called a bolster. Do not try to remove this gauze. We will remove this at your first clinic visit.

Special Instructions After Interpolated (Pedicled) Flap (Paramedian or Melolabial Flap):

What should I expect after the first stage of surgery? If you had a Paramedian flap, you will have stitches on your forehead. If you had a Melolabial flap you will have stitches on your cheek. At the eyebrow or cheek area, where the flap is still attached, there will be an open wound that may ooze some blood. After surgery, it will be covered with yellow gauze called Xeroform™. This is often left in place for one week until follow up visit. You may feel nervous about how you look after the first stage of the surgery. Keep in mind that this only lasts for a short time. After 3 or 4 weeks, the “pedicle” will be divided, and the skin “inset” or sewed back in place.

Guidelines After First Stage Surgery
Your surgeon will tell you if and when you should change or remove the yellow, Xeroform dressing. If you have been told to remove it, you should apply Vaseline ointment to this area until your second surgery.

It will be hard to wear glasses after the first stage of forehead surgery. Glasses should not rest or put pressure on the flap.

Guidelines After Second Stage Surgery
There are no extra guidelines. See Wound Care after Facial Mohs Reconstruction.

Swelling and Bruising
Swelling and bruising are common and should go away in 2-3 weeks. Expect your nose to be stuffy for 6-12 weeks. This is caused by swelling of the skin that will decrease over the next few weeks.

- Sleep with your head raised on 2-3 pillows the first week after surgery to reduce swelling.
- Avoid bending with your head below your heart level.
- Do not apply ice packs to your surgery site unless your surgeon has told you to. Ice can decrease the blood flow to the skin.
Activity
- Light activity only for 1 week after each surgery; no jogging, exercise classes or contact sports.
- No swimming or putting your head underwater for at least 2 weeks.
- Avoid lifting more than 10 pounds for 1 week after each surgery.
- Plan to take a week off work. You may need longer but will depend on the type of work you do.

Pain
Pain after nasal surgery varies. Pain may be mild to moderate. Pain may last 5 to 7 days. We will give you a prescription for opioid pain medicine to use as needed at home. If you use opioid pain medicine, take a stool softener to prevent constipation.

We may tell you to use acetaminophen (Tylenol). Your surgeon will tell you if you can take anti-inflammatory pain medicine (ibuprofen, Advil, Aleve, Motrin or Naproxen).

Other Medicines
- Unless you have been told not to stop your aspirin, do not take aspirin for 1 week before or 1 week after surgery, as it can cause bleeding.
- We may prescribe you a low dose steroid to help with swelling. Start taking this the day after surgery as directed.
- If we prescribed you antibiotics, take them as directed. You should also start these the day after surgery.

Sun Protection
You must protect your skin from the sun! Make sun shielding or sunscreen a part of your daily routine. Clothes protect against UV rays. When using clothes for sun shielding, wear a wide-brimmed hat to shield the face.

Sunscreens are products that absorb sun rays and protect against scarring and pigment color changes. The best way to choose a sunscreen is to check the SPF, or Sun Protection Factor number. Use one with an SPF number of 30 or more. For best results, you must apply a sunscreen 30 – 60 minutes before going out into the sun. Apply a good amount of sunscreen. Choose a sunscreen that is waterproof if you sweat a lot or will be swimming. Apply sunscreens as often as the label tells you to. Medicines can make skin more likely to sunburn. Some antibiotics, water pills, and birth control pills make the skin more sensitive to UV light. Check with your doctor or pharmacist if you are taking any medicine.

When should I call my doctor or clinic nurse?
If you have any of these symptoms, please call your doctor or clinic nurse:
- Bleeding that is soaking the dressing in 10 minutes or less.
- Any sign of infection:
  - Spreading redness.
  - Increased pain, warmth or swelling at the surgery site.
  - Cloudy pus like drainage from the surgery site.
  - Fever over 100.5 degrees on 2 readings 4 hours apart.
- Change in color:
  - If the flap color changes or becomes pale white, gray or black.
- If your pain is not controlled with pain medicine.
Phone Numbers
On Monday-Friday from 8:00 a.m. – 5:00 p.m., if you received your care at the UW Hospital, call the ENT clinic (608) 263-6190 or 1-800-323-8942.

If you received your care at Transformations Clinic, call the Transformations Clinic 608-836-9990 or 866-477-9990.

After 5:00 pm or weekends, the clinic numbers are answered by the paging operator. Ask for the ENT doctor on-call. Leave your name, area code and phone number. The doctor will call you back.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 8/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7795